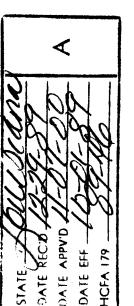
Form Approved DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB No. 0938-0193 HEALTH CARE FINANCING ADMINISTRATION TRANSMITTAL NUMBER STATE TRANSMITTAL AND NOTICE OF APPROVAL OF 89-46 LOUISIANA STATE PLAN MATERIAL PROGRAM IDENTIFICATION FOR: HEALTH CARE FINANCING ADMINISTRATION TITLE XIX PROPOSED EFFECTIVE DATE TO: REGIONAL ADMINISTRATOR **October 1 2000 1989 HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Check One) **NEW STATE PLAN** AMENDMENT TO BE CONSIDERED AS NEW PLAN XX AMENDMENT COMPLETE NEXT 4 BLOCKS IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) FEDERAL REGULATION CITATION Part 42 CFR 447.253 NUMBER OF THE PLAN SECTION OR ATTACHMENT NUMBER OF THE SUPERSEDED PLAN SECTION OR **ATTACHMENT** Attachment 4.19D practionXXX Same (89-45) page 11 SUBJECT OF AMENDMENT The purpose of this revision is to allow designated quasi-public ICF-MR providers to declare their status as a public or a private provider. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL FOR REGIONAL OFFICE USE ONLY DATE RECEIVED DATE APPROVED 12/29/89 November 7, 2000 TYPED NAME: PLAN APPROVED - ONE COPY ATTACHED EFFECTIVE DATE OF APPROVED MATERIAL David L. Ramsey October 1, 1989 SIGNATURE OF REGIONAL OFFICIAL TITLE: Secretary TYPED NAME: DATE: Calvin G. Cline December 22, 1889 **RETURN TO:** Associate Regional Administrator Department of Health and Hospitals DIvision of Medicaid and State Operations Bureau of Health Services Financing REMARKS: P. O. Box 91030 *Pen and Ink Change to Block 8 (renumbering the Baton Rouge, La. 70821-9030 page from Page 10 to Page 11) **Pen and Ink Change Per State's Reugest changing the effective date to October 1, 1989

STATE OF LOUISIANA

O LOC 7 Population is non-ambulatory and requires total care including intensive medical, psychiatric, or psychological treatment.

B. PROVIDER GROUPING



Providers are divided into two major groups, Public and Private, with three sub-groupings for Private providers based upon facility capacity (the number of beds licensed/approved by the State for provision of ICF/MR services). Private providers are reimbursed based upon a flat prospective rate by Capacity/LOC grouping which is subject to annual inflation adjustment. (Public providers are reimbursed a facility specific prospective rate based on budgeted costs.)

Public ICF/MR Facilities

Included under this classification are State operated facilities and quasi-public facilities.

A quasi-public facility is an ICF/MR facility that:

- 1) is an organization that is a component unit of a governmental reporting entity and
- 2) receives funding in excess of \$25,000 directly from the owner governing body for operation of the facility.

Private ICF/MR Facilities

Included under this classification are private proprietary and nonprofit facilities who are grouped based upon bed capacity and level of care. Bed capacity and level of care classifications are as follows:

- Capacity of 1-8 beds, Levels of care 2 through 7
- Capacity of 9-32 beds, Levels of care 2 through 7
- Capacity of 33 beds and over, Levels of care 2 through 7

C. REIMBURSEMENT TO PRIVATE ICF/MR PROVIDERS

- 1. Cost Determination Definitions
 - a. <u>CPI All Items</u> The Consumer Price Index (CPI) for all Urban Consumers-South Region (All Items line) for December as published by the United States Department of Labor.
 - b. <u>Economic Adjustment Factor</u> The CPI All Items Factor is computed by dividing the value of the corresponding Index for December of the year preceding the Rate year by the value of the Index one year earlier (December of the 2nd preceding year).

TN# 8946 Approval Date_	11-07-00	Effective Date	10-01-8
Supersedes TN#			